

## 2005 ASSEMBLY BILL 352

April 22, 2005 – Introduced by Representatives SHERIDAN, KAUFERT, KREUSER, AINSWORTH, BENEDICT, BERCEAU, BLACK, BOYLE, FIELDS, MCCORMICK, MOLEPSKE, POCAN, RICHARDS, SEIDEL, SHILLING, SINICKI, STASKUNAS, TURNER, VAN AKKEREN and ZEPNICK, cosponsored by Senators HANSEN, ELLIS, BRESKE, CARPENTER, ERPENBACH and ROBSON. Referred to Committee on Insurance.

1     **AN ACT** *to amend* 40.51 (1); and *to create* 20.515 (1) (g) and 40.515 of the  
2             statutes; **relating to:** coverage under state employee health care coverage plan  
3             for certain qualifying individuals and making an appropriation.

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### ***Analysis by the Legislative Reference Bureau***

Under current law, the Group Insurance Board, attached to the Department of Employee Trust Funds (DETF), is required to contract on behalf of the state for the purpose of providing health care coverage to state employees. Many other public sector employers may also participate in programs offered by the Group Insurance Board to provide health care coverage for their employees.

This bill provides that, beginning on January 1, 2006, any state resident who is eligible for a tax credit under the federal Trade Adjustment Assistance Reform Act of 2002 or who is receiving benefits from the federal Pension Benefit Guaranty Corporation may elect to receive coverage under any health care coverage plan offered to state employees by paying to DETF the full cost of the required premiums.

For further information see the **state** fiscal estimate, which will be printed as an appendix to this bill.

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***The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:***

4             **SECTION 1.** 20.515 (1) (g) of the statutes is created to read:

**ASSEMBLY BILL 352****SECTION 1**

1           20.515 (1) (g) *Benefit and coverage payments; health care coverage for certain*  
2           *qualifying individuals.* All moneys received from individuals under s. 40.515 who  
3           elect to be included in a health care coverage plan under s. 40.51 (6), for the payment  
4           of benefits and the cost of administering benefits for the individuals.

5           **SECTION 2.** 40.51 (1) of the statutes is amended to read:

6           40.51 (1) The procedures and provisions pertaining to enrollment, premium  
7           transmitted and coverage of eligible employees and individuals eligible for health  
8           care coverage under s. 40.515 for health care benefits shall be established by contract  
9           or rule except as otherwise specifically provided by this chapter.

10          **SECTION 3.** 40.515 of the statutes is created to read:

11          **40.515 Health care coverage for qualifying individuals.** (1) In this  
12          section, “qualifying individual” means an individual described under 26 USC 35 (e)  
13          (2) (B).

14          (2) Beginning on January 1, 2006, any qualifying individual, who is not  
15          otherwise eligible for health care coverage under this subchapter, may elect coverage  
16          under any health care coverage plan offered under s. 40.51 (6) subject to all of the  
17          following conditions:

18               (a) The individual is a resident of this state.

19               (b) The individual provides proof to the department that the individual does  
20          not have any other health insurance.

21               (c) The individual pays to the department the full cost of the required  
22          premiums.

23          (3) The department may not impose any preexisting condition exclusion for  
24          individuals who elect to receive health care coverage under sub. (2) and may not

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1 charge a premium that is greater than the amount charged a state employee who  
2 selects similar coverage under a health care coverage plan offered under s. 40.51 (6).

3 (END)